

In the Guardianship of: _____) Case No.: _____
)
) NOTICE OF HEARING AND
) DECLARATION OF MAILING
)
) (NTMTDK)
)
) (CLERK'S ACTION REQUIRED)

PLEASE TAKE NOTICE that this case will be heard at the date and time stated below, and the Clerk is directed to note this matter on the Court's **Probate and Guardianship Calendar**.

DATE: _____ TIME: _____

[] Review and Approval of Guardian's Report and Accounting.

[] Other Requests (Specify): _____

<p>Hearing Location for “SEA” Cases: Ex Parte & Probate Dept, Room W-325 King County Courthouse 516 Third Ave, Seattle, WA 98104</p>	<p>Hearing Location for “KNT” Cases Ex Parte & Probate Dept, Room 1-J Regional Justice Center 401 Fourth Ave N, Kent, WA 98032</p>
<p>Mail or Deliver a Judge’s Copy of forms and supporting documents to Room C-203.</p>	<p>Mail or Deliver a Judge’s Copy of forms and supporting documents to Room 2D.</p>

1. The originals of this Notice, the Report or Petition, and supporting documents **must be filed** with the Clerk's Office **not less than 14** court days prior to the requested hearing date.
2. List the names, addresses and telephone numbers of all parties and persons entitled to notice below.
3. When you file your original forms, mail a copy of this notice of hearing and all other documents to the persons listed below.
4. When you file your original forms, mail or deliver a **judge's copy** of the forms and supporting documents to the Court. On each form, be sure to write the hearing date in the upper right corner.
5. Ex Parte & Probate Department hearings **do not** require confirmation.

DECLARATION OF MAILING

I declare under penalty of perjury, according to the laws of Washington State, that on the date written below, I mailed a true and correct copy of this **Notice** and the **Report** or **Petition** with first class postage prepared to the persons and addresses listed below:

SIGNED AT _____ WASHINGTON THIS _____ DAY OF _____, 200__

Signature

Printed Name

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

ALL PERSONS AND AGENCIES REQUIRING NOTICE

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone: _____	Telephone: _____
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone: _____	Telephone: _____